## **Application Data Sheet**

# **Application Information**

Application number::

Unassigned

Filing Date::

10/19/01

Application Type::

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

HUMAN KINESINS AND METHODS OF

PRODUCING AND PURIFYING HUMAN

**KINESINS** 

Attorney Docket Number::

020552-000410US

Request for Early Publication::

No

Request for Non-Publication::

No

Suggested Drawing Figure::

**Total Drawing Sheets::** 

Small Entity?::

No

Latin name::

Variety denomination name::

Petition included?::

No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

**Applicant Information** 

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Christophe

Middle Name::

Beraud

Family Name::

Name Suffix::

City of Residence:: San Francisco

State or Province of Residence:: CA
Country of Residence:: US

Street of Mailing Address:: 761 Tehama Street

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94103

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Given Name:: Cara

Middle Name::

Family Name:: Ohashi

Name Suffix::
San Francisco

City of Residence:: San Francisco

State or Province of Residence:: CA
Country of Residence:: US

Street of Mailing Address:: 131 Chaves Avenue

City of Mailing Address:: San Francisco

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94127

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Poland

Status:: Full Capacity

Given Name:: Roman

Middle Name::

Family Name:: Sakowicz

Name Suffix::

City of Residence:: Foster City

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 524 Jibstay Lane

City of Mailing Address:: Foster City

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Russian Federation

Status:: Full Capacity

Given Name:: Eugeni

Middle Name::

Family Name:: Vaisberg

Name Suffix::

City of Residence:: Foster City

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 647 Pegasus Lane

City of Mailing Address:: Foster City

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Ken

Middle Name::

Family Name:: Wood

Name Suffix::

City of Residence:: Foster City

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1073 Grebe Street

City of Mailing Address:: Foster City

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94404

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: Ming

Middle Name::

Family Name:: Yu

Name Suffix::

City of Residence:: Foster City

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1339 Marlin Avenue

City of Mailing Address:: Foster City

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 94404

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Designation:: Representative Number:: Representative Name::

Primary 30,223 William M. Smith

Associate 37,505 Joe Liebeschuetz

## **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application Continuation of PCT/US00/10870 04/20/00

PCT/US00/10870 Continuation of 09/295, 612 04/20/99

#### **Assignee Information**

Assignee Name:: Cytokinetics

Street of mailing address:: 280 East Grand Avenue

City of mailing address:: South San Francisco

State or Province of mailing address:: CA

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Country of mailing address::

US

Postal or Zip Code of mailing address:: 94080